CLAIMS ONLY

Application Number	Filing Date
10/731899	

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/					
2		/				
3		/				
4		/				
5		/				
6	/	/				
7						
8		/				
9	/	/				
10	/	/				
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47						
48						
49						
50						
Total Indep	6					
Total Depend	12					
Total Claims	18					

May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
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Total Indep						
Total Depend						
Total Claims						